

Transient Lodging Information

The Transient lodging tax remittance payments are due to the City of Gresham on the last day of the month following the end of each quarter.

<u>Quarter:</u>	<u>Dates:</u>	<u>Payments Due On:</u>	<u>Payments Delinquent On:</u>
1 st Quarter	July – September	October 31	November 1
2 nd Quarter	October – December	January 31	February 1
3 rd Quarter	January – March	April 30	May 1
4 th Quarter	April – June	July 31	August 1

Late Charges:

- 1st Penalty: If the payment is not paid prior to the delinquent date, 10% of the amount of the tax shall be due in addition to the tax.
- 2nd Penalty: If the payment is not paid within 30 days following the delinquent date, 15% of the amount of the tax shall be due in addition to the first penalty and the amount of the tax.

Forms:

Tax forms are available at City Hall or on our website at GreshamOregon.gov/LodgingTax.

Direct inquiries to:

City of Gresham, Finance & Management Services Department
Attention: Melanie Wynne
1333 NW Eastman Parkway
Gresham, OR 97030-3813
503-618-2713 or Melanie.Wynne@GreshamOregon.gov

Transient Lodging Tax Remittance Form Lodging Provider

Hotel Name: _____ **Phone:** _____
Address: _____ **Email:** _____
City, State, Zip: _____ **Period covered:** _____

	Tax Calculation	Amount
1	Total gross monthly receipts from guest room rentals:	
	Less allowable deductions	
	2 Rent (by month):	
	3 Rent less than \$2 per day:	
	4 Government agency:	
	5 Uncollectable rents:	
	6 Gross receipts from transient lodging intermediaries for rooms booked during the reporting period (total from page 2):	
7	Total allowable deductions (add lines 2 through 6):	
8	Taxable rents (line 1 minus 7):	
9	Transient room tax (6% of line 8), Amount of tax due:	
10	Penalty if not paid by due date (10% of line 9):	
11	Additional delinquent penalties & fees:	
12	Adjustment for prior return (supporting documentation required):	
13	Total transient lodging tax payment submitted:	

Number of Rooms: _____

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are correct and true.

Signature

Printed name

Date

Title

Make checks payable to: CITY OF GRESHAM

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City Staff Only							
Tax due:		Received:		Over/short:		Interest due:	
						Penalties due:	

City of Gresham Transient Lodging Tax Transient Lodging Intermediaries

Lodging provider: _____

Period covered: _____

Gross receipts from transient lodging intermediaries bookings during the reporting quarter (as reported on line 6 of the City of Gresham Transient Lodging Tax Remittance Form).¹

Transient Lodging Intermediary	# Rooms	Amount
Total:*		

*Report on Line 6 of Transient Lodging Tax Remittance Form

¹ This is applicable for online travel companies that book and collect payment rooms for your entity. If the online travel company is only facilitating the reservation and you are collecting the room cost, then don't use this line.